Disability and Rehabilitation Professionals’ Association
PO Box 1088, Unley Business Centre SA 5061
ABN 81 690 294 328

Membership Application Form

Membership Registration Number
(Office Use Only)

________________________

Contact Details
Title:____ Surname _________________
Given Names _____________________
Address
___________________________________
State ___________ Postcode __________
Work Phone _______________________
Home Phone _______________________
Fax  _______________________
Email

Current Member?  Yes/No
Delete whichever not applicable

Employer
___________________________________

Qualifications (not required for Corporate/agency Applications)

<table>
<thead>
<tr>
<th>Qualification(s)</th>
<th>Institution(s)</th>
<th>Year Course(s) Completed</th>
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Current Enrolment Status (if a student applicant)

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Institution</th>
<th>Expected Completion Date</th>
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Eligibility Approval (by DARPA Committee) (Office Use Only)

<table>
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<tr>
<th>Signature of Person Authorising</th>
<th>Name and Position</th>
<th>Date</th>
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Schedule of Fees
Full Membership $40  Student/Associate Membership $20
Corporate/Agency Membership $60 (Allows 3 employees of the agency to attend seminars etc. at reduced prices and one vote at meetings)
Please indicate which category you are applying for

Declaration by Applicant
I hereby declare that the qualifications/current enrolment status cited above are correct and that I agree to abide by the values, principles and standards as stated in the Disability and Rehabilitation Professionals’ Association's Code of Ethics and Practice (2009, http://darpa.asn.au)

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<tr>
<th>Applicant's Signature</th>
<th>Date</th>
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Direct Payments may be made to dArpa (please ensure that you type dis when prompted for name of the account, particularly if you also have an account with Savings and Loans Credit Union)
Bank Savings and Loans Credit Union
BSB 805023
Account Number 02330555
Indicate Initial and Last Name where prompted for Reference Information. A receipt will be issued but you may also print off the electronic statement from your financial institution.

Please send your application to
Disability and Rehabilitation Professionals' Association
PO Box 1088
Unley Business Centre
South Australia, 5061

Please ensure you have
1) Enclosed your completed application form
2) Enclosed payment of relevant fee by cheque made out to dArpa (if you have not paid by direct debit)
3) Signed the declaration above

Enquiries to: 08 82013448/ brian.matthews@flinders.edu.au

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PO Box 1088, Unley Business Centre SA 5061
ABN 81 690 294 328

TAX INVOICE
(please complete if required and this will be returned with your receipt)

Date of Issue:___________________ (Please complete)
For dArpa Annual Membership Fee
To ___________________________ (Please complete name/organisation)
_________________________________ (Please complete Address)

Amount Paid ______________ (Please complete)

Note – NO GST has been charged for this membership